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Bib Data Sheet

CONFIRMATION NO. 2419

<b>SERIAL NUMBER</b> 10/086,882	<b>FILING DATE</b> 03/04/2002 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> PF458D1
<b>APPLICANTS</b> Ying-Fei Wei, Berkeley, CA; Steven M. Ruben, Olney, MD; Craig A. Rosen, Laytonsville, MD;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 09/177,304 10/23/1998 PAT 6,372,456 WHICH CLAIMS BENEFIT OF 60/079,245 03/25/1998 AND CLAIMS BENEFIT OF 60/063,387 10/24/1997 * (*)Data provided by applicant is not consistent with PTO records. <i>dic PM 8/12/04</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none PM 8/12/04</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/26/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>fm 8/12/04</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 20
		<b>INDEPENDENT CLAIMS</b> 8		
<b>ADDRESS</b> 22195				
<b>TITLE</b> Chemokine alpha-6				
<b>FILING FEE RECEIVED</b> 1160	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	